## BEST AVAILABLE COPY

| PATENT  | APPLICATION | <b>FEE</b> | <b>DETERMINATION</b> | RECORD |
|---------|-------------|------------|----------------------|--------|
| FAILI I | ALLENATION  |            | DEILIMINATION        |        |

Effective October 1, 2000

Application or Docket Number

5150-48400

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |                 | l<br>(Colur                   | mn 2)                        |   | SMALL ENTITY TYPE |            | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|---|---|-----------------|-------------------------------|------------------------------|---|-------------------|------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |   | 7.7-                                      |                 | •                             | 18 18 A A                    |   | RATE              | FEE        |                        | RATE                       | FEE                 |                        |
| FOR   |   | NUMBER F                                  | ILED            | NUMB                          | R EXTRA                      |   | BASIC FEE         | 355.00     | OR                     | BASIC FEE                  | 710.00              |                        |
| TOTAL CHARGEABLE CLAIMS   |   | ZJ minu                                   | Z_1 minus 20= * |                               | ).                           |   | X\$ 9=            |            | OR                     | X\$18=                     | 126                 |                        |
| INDEPENDENT CLAIMS // minus 3 =   |   |   | * /             |                               |                              | X40=                                    |                   | OR         | X80=                   | 80                         |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                 |                               |                              |   | +135=             |            | OR                     | +270=                      | , ,                 |                        |
| * If the difference in column 1 is less than zero, enter "0"                          |   |   |                 |                               | r "0" in c                   | olumn 2                                 |                   | TOTAL      |                        | OR                         | TOTAL               | 916                    |
| CLAIMS AS AMENDED - PART II   |   |   |                 | TII                           |                              |   |                   |            | 1                      | OTHER                      |                     |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                 |                               |                              | <u> </u>                                | SMALL E           | NTITY      | OR                     | SMALL                      |                     |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                        |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 27                                      | Minus           | ** 0                          | - <u> </u>                   | =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   | X\$ 9=     |                        | OR                         | X\$18=              |                        |
| AME   | Independent   | · H                                       | Minus           | ***                           | <del>4</del>                 | =                                       | 1 1               | X40=       |                        | OR                         | X80=                |                        |
|   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEP     | ENDEN                         | CLAIM                        |   | ן נ               | +135=      |                        | OR                         | +270=               |                        |
|   |   |   |                 |                               |                              |   |                   | TOTAL      |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |                 | (Colu                         | mn 2)                        | (Column 3)                              |                   | ADDIT. FEE |                        |                            |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA                        |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus           | **                            |                              | =                                       | ] [               | X\$ 9=     |                        | OR                         | X\$18=              | 1                      |
|   | Independent   | *   | Minus           | ***                           |                              | =                                       | ┦┃                | X40=       |                        | OR                         | X80=                |                        |
| Ĺ   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP     | ENDEN                         | CLAIM                        |   | ┙┃                | +135=      |                        | OR                         | +270=               |                        |
|   |   |   |                 |                               |                              |   |                   | TOTAL      |                        |                            | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |                 | (Colu                         | mn 2)                        | (Column 3)                              |                   | ADDIT. FEE |                        | •                          | AUUII. FEE          |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                        |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus           | **                            |                              | =                                       | ╛┃                | X\$ 9=     | -                      | OR                         | X\$18=              | ï                      |
|   | Independent   | *   | Minus           | ***                           | <del>-</del>                 | =                                       | 41                | X40=       |                        | OR                         | X80=                |                        |
| L   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF     | PENDEN                        | I CLAIM                      |   | ┚┃                | +135=      |                        |                            | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                 |                               |                              |   |                   | +135=      |                        | OR                         | TOTAL               |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                               |                              |   |                   |            |                        |                            |                     |                        |